

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90123 014 \*\*\*150.00

**DOCUMENT # P01000106015**

1. Entity Name

MEDACCOUNT FINANCIAL SERVICES, INC.



Principal Place of Business

907 TREE GARDEN DR.  
PORT ORANGE FL 32127

Mailing Address

P.O. BOX 290068  
PORT ORANGE FL 32129

2. Principal Place of Business

2115 WEST POINSETTIA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

4. FEI Number

02-0564619

Applied For

Not Applicable

Zip

32128

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEARDSLEE, JANE

907 TREE GARDEN DR.

PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

BEARDSLEE, JANE K.

Street Address (P.O. Box Number is Not Acceptable)

2115 WEST POINSETTIA DRIVE

City

PORT ORANGE

FL

Zip Code

32128

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BEARDSLEE, JANE  
STREET ADDRESS 907 TREE GARDEN DR.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE V ☐ Delete  
NAME BEARDSLEE, DONALD R  
STREET ADDRESS 907 TREE GARDEN DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME BEARDSLEE, JANE K.  
STREET ADDRESS 2115 WEST POINSETTIA DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE V ☒ Change ☐ Addition  
NAME BEARDSLEE, DONALD R.  
STREET ADDRESS 2115 WEST POINSETTIA DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jane K. Beardslee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03 (386) 323-7728

Date

Daytime Phone #

CR2E034 (10/02)